INFORMATION PAPER

DASG-HCA
28 September 2005

SUBJECT: DoD Pandemic Influenza Planning Efforts

1. PURPOSE. To summarize current DoD pandemic influenza planning efforts.

2. REFERENCE.

a. Assistant Secretary of Defense (Health Affairs) Memorandum, Department of Defense Guidance for Preparation and Response to an Influenza Pandemic Caused by the Bird Flu (Avian Influenza), September 21, 2005. www.vaccines.mil/documents/732DODGuidance-Flu.pdf

b. Department of Health and Human Services, Pandemic Influenza Preparedness and Response Plan (draft), August 2004. www.hhs.gov/nvpo/pandemicplan/index.html

c. World Health Organization, WHO Global Influenza Preparedness Plan, 2005. www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/

3. FACTS.

a. By the World Health Organization (WHO) classification system, the current pandemic phase is “pandemic alert period, phase 3.” WHO defines this phase as: human infections with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

b. Influenza pandemics occur when a new influenza virus (potentially including avian influenza virus type A (H5N1)) infects humans at higher than usual rates. Pandemic influenza outbreaks involve higher illness and death rates in healthy people, higher than the 36,000 deaths due to influenza in an average year in the United States.

c. At present there is no FDA-licensed vaccine to protect humans from avian influenza A (H5N1) infection. However, the Department of Health & Human Services (DHHS) is coordinating vaccine development efforts. Research studies to test a vaccine to protect humans against H5N1 virus began in April 2005. Researchers are also beginning to develop a vaccine against H9N2, another bird influenza virus subtype.

d. An antiviral drug called oseltamivir (Tamiflu®, Roche) kills influenza A (H5N1) virus in laboratory tests. Tests in mice reveal that Tamiflu® reduces the risk of infection by 60% to 80%. However, if oseltamivir is overused, viruses can develop resistance, meaning the viruses develop an ability to evade the drug’s killing action.

e. DoD purchased 20 million capsules of oseltamivir in September 2005 as a strategic reserve to protect U.S. Forces, as well as military beneficiaries living outside

the continental United States. This supply is sufficient to treat 17,000 people sick with avian influenza, to prevent infection for 350,000 other people, and to provide a contingency stockpile.

f. DHHS directs the national effort for surveillance, risk assessment, vaccine development, vaccine distribution, and immunization priorities. DoD is an active partner with DHHS in this national effort. In a pandemic, DoD would support civil authorities through U.S. Northern Command. DoD's support to civil authorities is directed by order of the President of the United States.

g. How quickly a pandemic can be contained will depend on how quickly new infections can be diagnosed and how effectively infected people can be isolated and those exposed quarantined. These isolation and quarantine measures will be important to limit the spread of pandemic influenza infection.

h. In the early stages of a pandemic, it will be important to focus on personal hygiene (e.g., hand washing, covering coughs) to limit disease transmission. People can also limit the amount of interaction they have with strangers. The most effective initial steps are quarantine, self-imposed travel restrictions, and targeted antiviral therapy.

3. CONCLUSIONS:

a. DoD planning guidance mirrors guidelines published by the World Health Organization and Department of Health and Human Services.

b. Current response strategies are limited by the availability of rapid diagnostic capabilities, limited supplies of antiviral medications, and no licensed vaccine.

c. Initial DoD efforts must focus on limiting influenza transmission/spread through quarantine, limitations on movement, targeted antiviral therapy, and hygienic measures.

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